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ORIGINAL DEPARTMENT.

COMMUNICATIONS.

HOW DOES MORPHIA ACT IN LABOR?

By HENRY BRUBAKER, M. D.,

Of Somerset, Pa.

I have carefully read the articles published in the REPORTER on the use of morphia, as a parturient agent, and thus far, none of the writers have explained its true *modus operandi*, nor stated distinctly the conditions demanding its administration. These are most important points, upon a proper knowledge of which will depend our success in the use of this invaluable agent. To recommend morphia in all cases of labor indiscriminately is a grand error, and cannot but be followed by mischievous consequences. It is not true, that morphia is serviceable, or even admissible, in every case of labor, any more than ergot. As the latter agent injudiciously administered may be productive of very serious, if not fatal, results to both mother and child, so the former may, indirectly at least, be the cause of protracted suffering, if not more serious consequences. Hence the necessity of having more correct notions of its mode of operating, and the stage of labor in which it should be given. After an experience of sixteen years in its use in labor, during which time I have administered it in scores of cases, and carefully observed its effects, I shall venture to give what I conceive to be the law of its action. Is it, as has been intimated, a *direct* parturient agent? Does it excite or promote uterine contractions? To these interrogatories a decided negative answer may be given. It possesses no power of directly exciting or promoting uterine contractions; of this, any practitioner can satisfy himself by prescribing it without any

regard to the stage of labor, or the condition of the organs concerned in the act of parturition. The results will be highly unsatisfactory, whereas, if given with a due regard to the condition to be mentioned hereafter, no agent will accomplish more satisfactory results.

Morphia exerts its appropriate action on the uterus in labor as certainly as ergot, but in a different way. The latter agent has been before the profession so long, and its parturient action so well understood, that no intelligent practitioner need err in its use. But can the condition of the parturient organs which calls for the use of morphia be as definitely stated? In my opinion it can. To present this subject in a clearer light, let me suppose two cases, to illustrate the action of these two agents respectively. I am called to a woman in labor, and find her in the following condition: The presentation is natural; the os uteri dilated or dilatable; the vagina relaxed and moist. There is no mechanical impediment, nor disproportion between the head of the child and the outlets through which it is destined to pass. But the uterine contractions are feeble. The expulsive efforts are insufficient to complete the labor. The object being to excite uterine contractions, ergot is clearly indicated. If under these circumstances any practitioner should be induced to administer morphia, he will most likely have occasion to regret it for more reasons than one.

Again, I am called to a woman whose condition differs from the one above cited in this, that the os uteri, although slightly dilated, is still rigid and unyielding. The chief, if not the whole difficulty, lies in rigidity of the os. The vagina is sufficiently relaxed and moist. The woman has been suffering the greatest agony for many hours from the pains of dila-

tation. There are also active contractions of the womb, as can be ascertained by applying the hand to the abdomen, and the only obstacle to a speedy completion of the labor is the unyielding os. The contractions of the womb are sufficient to expel the child the moment the os relaxes. It is in such cases that morphia displays its extraordinary powers. In nine out of ten such cases it will complete the labor within half an hour. It will be understood then that the condition demanding its use is rigidity of the os, while the remaining soft parts are well prepared to admit of delivery. The object of its administration is to relax the os uteri, and this it will do most certainly and effectually. If this rule be adhered to in its administrations, success will almost invariably follow its use. Should there be a loaded state of the rectum, which of itself often retards the progress of a labor, or a highly plethoric state, the system will be better prepared for the action of the morphia, if a small venesection or alvine evacuation be premised.

If the gentlemen who have spoken so favorably of the use of morphia, will reflect upon the cases in which it acted so promptly, and recall to mind the condition of the parturient organs, they will doubtless remember that the only difficulty in the way of a speedy delivery was rigidity of the os. Before I fully comprehended the law of its action, I mean its relaxing power over the os, I was frequently disappointed in its effects, but now I give it in these cases with as much confidence as I give any other article of the *materia medica* whose characteristic action I wish to produce on the system.

In conclusion, permit me to give my first experience of its use. In the year 1853, I was called in consultation to see a woman who had been in severe and constant labor for twelve hours. All the parts were in the most favorable condition for a speedy termination of the labor with the exception of the os uteri which was exceedingly rigid. Through this rigid and undilated os the attending accoucheur was vainly attempting to introduce the forceps, as she had been suffering so long, and seeing the gross impropriety of attempting to deliver with the forceps, I very naturally suggested a dose of morphia with the view of giving her rest, with the hope that the os would yield in time.

This was readily assented to; there was the least possible prospect of the labor terminating for several hours. A few minutes after

the morphia was administered tea was announced; whilst we were sitting at the table discussing the probable issue of the case, the nurse called loudly for the doctor. We ran into the lying-in chamber, just in time to receive the child, the head being already born; in less than thirty minutes after the morphia had been taken the os relaxed, and with one strong expulsive effort she was delivered. Of course, we could do nothing more than express amazement at the happy issue of the case. The case made a deep impression on my mind. I could not comprehend it at the time, and it was not until some half dozen cases of a similar character had occurred in my practice that I became convinced that the good effects could be attributed to the morphia. By slow and gradual steps I reached what is to me, one of the most pleasing practical truths of my professional life. With this agent, I know, I have been the means of relieving many a suffering woman, and at the same time saved myself from many sleepless and anxious hours.

TREPHINING THE TIBIA.

By W. L. APPLEY, M. D.,

Of Cohocton, Sullivan Co., New York.

John P., aged 30 years, had suffered a long time with pain, swelling and soreness of his right leg. There was a point at or near the middle of the tibia the size of a half-dollar silver piece, very sensitive to the touch, and slight pressure causing severe pain. He consulted me two years or more previous to the operation. I gave him the iodide of potassium for some time, without any benefit. The pain was severe at night; he had to take large doses of morphia to get any sleep. I proposed trephining the tibia; he declined the operation and left, offended with me, and applied to other doctors. I heard nothing of him for two years; he then called on me again and wished me to trephine the tibia or amputate the leg. He said if neither operation should relieve him he would commit suicide. I put him under the influence of chloroform, made a crucial incision over the prominent point, dissected the flaps from the bone, applied a small trephine, and removed a round button-like piece of bone about three-eighths of an inch in thickness; about a teaspoonful of pus escaped from a cavity in the bone, that had probably been forming a long time. I removed the edges of the external shell with

forceps and gouge, and left the wound to granulate.

All the patient's sufferings, which had been long and severe, were speedily brought to an end; he slept soundly the first night after the operation, without any opiates. The wound gradually healed, the surrounding swelling diminished, and in three weeks the wound was cicatrised, and six months afterwards I saw the patient with the limb as sound as the other, and only a scar remained to point out where the disease had been. It is two years since the operation, and he has never had any pain in the leg since.

HOSPITAL REPORTS.

CATHARINE STEEET DISPENSARY, PHILADELPHIA.

Gynæcological Clinic of Dr. F. H. GETCHELL.

REPORTED BY J. P. BURD.

Subinvolution of the Uterus.

Mary B—, aged 24 years, married; has had no children; miscarried five weeks since, was four months advanced in pregnancy at the time; complains of a profuse discharge of blood, with a sensation of weight and dragging down pain in the pelvis. The lochial discharge stopped about eight days after the delivery. She began to have a discharge of blood one week ago, and it has been very profuse during the last two days—brings with her some aromatic sulphuric acid she has been taking from a druggist for the last four days but with no effect.

An examination was made; the sound passed four inches into the uterus, which was soft and somewhat tender—the os was patulous, readily admitting the end of the finger. The uterus was washed out with an injection of cold water, and a solution of alum, and tannin was thrown up with the uterine syringe—she was requested to return home, remain quiet in bed, and to get *potassii bromidi gr. xv*, with *vini ferri amari ℥ij*, four times in twenty-four hours.—This patient was visited at her residence the second day after, when the discharge of blood had almost stopped, the napkin she had worn for two hours being slightly stained. The uterus was again injected, this time with *tinct. iodinii comp.* She was unwilling to remain longer in bed, but was requested to avoid all active exercises, not to go up and down stairs, to continue the same medicine, her diet to consist of milk, eggs, rice, bread, and soup of mutton or beef, to avoid strong tea or coffee, and to avoid sexual intercourse. She came to the Clinic again one week from the first visit; has had no discharge of blood since the injection of iodine, feeling and looking much better. A sound was passed, but with some difficulty, the os being well contracted, the uterus was found to measure but three inches. She came back

the next week but declined an examination as she considered herself perfectly well. She states that sexual intercourse was indulged in three or four days after the lochial discharge stopped, and was continued at intervals till the discharge of blood, for which she applied here for relief, made its appearance.

Commentary.—Cases of this kind are not uncommon; after miscarriage the uterus requires several weeks to come down to its natural size, and any contusion, laceration, or inflammatory action, from any cause, will arrest this process. The most frequent is indulgence in coition before this process is completed. In the natural condition the axis of the uterus, which is identical with that of the superior strait, allows the male organ passing up the vagina, which coincides with the axis of the inferior strait, to pass below the cervix into the posterior cul-de-sac, but the uterus being enlarged after miscarriage falls from its increased weight and is subjected to more or less contusion during coition, and arrested absorption from this cause is no doubt of frequent occurrence. This condition is met with oftener after miscarriage than labor at full term; first, because miscarriage is looked upon as an affair that is soon over, and also, because the fining down process does not proceed so rapidly in the partly developed uterus as in the fully developed organ, and its reduction is more readily interfered with.

The uterus may be injected with any astringent, and it may be repeated as often as is necessary to control the hemorrhage. It is always best to wash out the uterus first with water, in order that the astringent may come in direct contact with the walls of the uterine cavity. There is very little, if any, danger in injecting the uterus; the supposed danger of the fluid passing through the Fallopian tubes is hardly possible, while it has so easy an exit through the cervical canal, which is generally patulous in these cases.

VASCULAR TUMOR OF THE URETHRA.

Maria L—, aged 27, unmarried, complains of a frequent desire to urinate, the operation being attended with smarting pain; has been troubled in this way for a long time. Has no leucorrhœal discharge, no swelling or tenderness of the vulva.

An examination revealed a tumor of a bright red color, about the size of a currant, just within the external orifice of the urethra. It was raised with the rat-toothed forceps and cut off with the scissors, care being taken to go a little below the tumor. The hemorrhage was arrested with persulphate of iron.

Commentary.—These little tumors which are an hypertrophy of the mucous papillæ of the urethra, are not of very frequent occurrence, but when they exist, they are the cause of great uneasiness to the patient, the annoyance being far greater than one would suppose from the size of the tumor, which is often no larger than a grain of wheat. They fre

quently cause pain in walking, and always during urination, particularly as the last few drops are passing from the bladder. In the treatment it is best not to annoy with attempts to remove the tumor by cauterization, which is uncertain and tedious, but to remove it at once with the scalpel or scissors, being careful to dissect out the entire tumor; if this is done, it will not be requisite to cauterize the part to prevent a recurrence. In a few days the surface heals and the woman has no farther trouble with it.

MEDICAL SOCIETIES.

HARFORD COUNTY, MD., MEDICAL SOCIETY.

The Society held its regular quarterly meeting on the 1st day of August, 1869, at the residence of the President, Dr. S. B. SILVER. The invitation having been extended to the wives of the members, a number were present and shared the kind hospitality of our worthy President.

The committee on the memoir of Dr. J. K. SAPPINGTON, through the Chairman, Dr. FORWOOD, reported that they had been unable to obtain information necessary to make a satisfactory report; his efforts in that direction appeared to be unavailing; he had become discouraged and asked to be discharged.

Dr. HAYS objected to the withdrawal of Dr. Forwood. The Committee was continued.

Dr. JOHN EVANS made a report of a case of severe injury to the forearm, requiring amputation. In which he said, injuries of the extremities, more particularly the upper, bear a great deal of laceration and destruction of the soft parts, with fracture of bones, &c., without requiring amputation. Lacerated and punctured wounds of both the upper and lower extremities are liable to produce tetanus. On the 4th of the present month he was called to attend a case, in which the forearm had been caught in the cylinder of a threshing machine, tearing away nearly all the muscles, leaving bare the tendons, fracturing both the radius and ulna at their middle, and also dislocating and fracturing the radius at its carpal extremity, leaving loose, sharp and jagged pieces of bone in the wound. A careful examination revealed the necessity of amputation. Conservative surgery is not only justifiable, but preferable, wherever there is a prospect of saving the limb; so, also, is excision or resection preferred to amputation, more especially in injuries of the upper extremities, wherever they can be resorted to with a prospect of success. But there was in this case nothing short of amputation that would be likely to be successful; therefore it was resorted to, and the forearm taken off about three inches below the elbow joint, the patient being placed under the influence of chloroform. An examination of the limb, after its re-

moval, showed the necessity of that kind of operation, as the radial and ulnar arteries were torn asunder. An interesting and anomalous feature presented itself in the operation: the principal vessels, radial and ulnar arteries did not jet or spurt as is usual in such cases, but merely welled out their contents, which he presumed was owing to great strain and traction made on them by the teeth of the revolving cylinder. He also said that he had known similar injuries to the above, in which the patients all died for want of primary amputations. He was assisted in the operation by Dr. T. C. Hopkins, the only surviving Ex-President of this society. The circular mode was selected for the operation. The patient is doing well.

Dr. W. HOPKINS was of the opinion that the chloroform may have been the cause of the anomaly in the arteries; it was, he believed, the opinion, that chloroform did exercise some control over the circulation, and that when administered it was generally advised to wait longer before dressing than if not used.

Dr. FORWOOD reported a case of injury from a threshing machine, in which the foot and clothing were caught, and from the effects of torsion the genitals were severely injured, being torn almost from their attachments; the scrotum will probably slough entire; the extent of injury to the testicles is difficult to arrive at; the penis seems to have sustained but little injury; the bones of the leg escaped without injury; the case is under treatment; the progress and result will be furnished the society at its next meeting.

The subject for discussion at the next meeting announced by the President, were injuries to the wrist, and indigenous plants.

Dr. LEE proposed to read at the next meeting, gleanings from the writings of a deceased medical friend. The society then adjourned.

W. W. VIRDIN, M. D.,
Secretary.

The Question of Specialism.

We have before us a copy of a pamphlet entitled "The Orleans Infirmary and the Medical Association of New Orleans," detailing the facts connected with the expulsion from the Association of Drs. BRICKELL, BEARD, CHOPPIN and BURNS, for violating the article of the Code of Ethics which forbids advertising. The whole amount of advertising alleged seems to have been the circulation of a printed sheet informing the public that these four gentlemen had associated themselves together to practice in different branches of special surgery. The Circular reads as if no excessive claims are put forward, and we believe the physicians whose names it bears have always borne good reputations. We are, however, unprepared to pass any judgment, and merely mention the incident as an item in current medical history.

EDITORIAL DEPARTMENT.

Periscope.

Recent Method of Treating Diseases of the Skin.

T. MCCALL ANDERSON, M. D., Glasgow, referred in the British Medical Association to the use of a solution of acetate of soda, (20 grains to ounce of water) as a local application in lupus exedens and in strumous ulceration. He then pointed out the value of the application of lint spread with melted emplastrum hydrargyri in cases of lupus erythematosus. The use of coverings of vulcanised India-rubber in certain cases of eczema, psoriasis, pruritus senilis, prurigo, ichthyosis, callositas, and many obstinate localised eruptions, was next discussed; and Dr. Anderson pointed out that the remedy acted by excluding the air, keeping the parts warm and at an uniform temperature, and promoting the secretion from the cutaneous glands which are retained so that they macerate and favor the removal of the epidermis. Lastly, he quoted a number of cases illustrative of the value of the internal administration of tar and carbolic acid, especially of the latter (which he prescribed in doses of from three to ten grains, thrice daily), in the treatment of certain cases of chronic eczema and of psoriasis.

Mr. HORTON spoke of the great success of gutta-percha caps in cases of scalp-diseases, and said he thought tar was more extensively used than Dr. Anderson was aware of. He knew practitioners who had used it extensively during the last twenty or thirty years, both internally and externally, and it had had good effect. In skin-disease of the hand, he had treated it by strapping it with soap-plaster, the success of which in producing absorption where there had been thickening of the skin was remarkable.

Dr. ALLBUTT asked, whether, in prescribing acetate of soda as a remedy for lupus, the important distinction had been made between mere serpiginous ulcerations and ulcerations dependent upon the previous existence of dermic tubercles. The former were not rebellious under treatment; the latter so terribly so, that a cure by a solution of acetate of soda would indeed be a boon. For his part, in true lupus he found no remedy so speedy, effectual, and comparatively painless, as the actual cautery.

Dr. MYRTLE thought that in these cases the best caustic to apply was common nitrate of silver, and to rub it in as if the patient had no feeling. His experience was, that that would check the ulcera-

tive process more effectually and leave far less marks. As to elastic applications, one of the best he had found was the new preparation, the elastic collodion of the *British Pharmacopœia*; and he had also experienced the good effects which Dr. Anderson had described of the ordinary gutta-percha cloth.

Dr. JOHN LANG mentioned cases of lupus which occasionally were sent to the Convalescent Hospital at Southport. He described the masses of ulcerations in the face in some of the cases, and he said, after three weeks of treatment the ulcers had healed up. One man, from the Midland Counties, had been there three years in succession.

Dr. ANDERSON, in reply, said, with regard to affections of the face, no doubt a distinction must be drawn between strumous lupus and lupus exedens, or lupus vulgaris. In all these cases, up to a certain point, he thought soda would be found successful, but he must confess it was not likely to prove as successful in some cases as in others. He quite agreed with Dr. Myrtle that, if caustic was to be used in cases of lupus (and often that was absolutely necessary), none was so likely as solid nitrate of silver. Although recently he had been trying the actual cautery, he did not think the results were as certain as from the use of the nitrate of silver, but the patient suffered much more from the use of the nitrate of silver than from the actual cautery.

Intermittent Fever Treated by the Iodide of Potassium.

S. L. ABBOT, M. D., reports the following case in the *Boston Medical and Surgical Journal*:

May 13, 1869. E. S. D., law student, aged 26. Applied for treatment for intermittent fever, from which he had been suffering since the first week in April. The patient was a native of Ohio, and had had several previous attacks. On one occasion he had been treated successfully by an eminent practitioner of this city with sulphate of quinine. At that time he had taken the drug ineffectually for some time, in considerable quantities, not understanding the proper method of employing it. He was speedily relieved by large doses taken with the proper interval of time before the period of access, under his physician's directions.

During the present sickness the chills had recurred daily, and the patient had suffered much from almost constant, deep-seated pains of a rheumatic character, mostly in the chest and arms, which were most severe in the latter part of the day and at night,

sometimes seriously disturbing sleep. There was some tenderness on pressure over the spleen, but no enlargement of that organ could be felt. Appetite much impaired.

R. Potass. iodid., gr. v.
Fl. ext. quassia, f. 3ss.
before each meal.

18th.—Patient reported that he commenced the use of the medicine on the 14th. On the evening of that day he had a severe chill, which lasted two hours, and was followed by fever and profuse sweating, as usual. On the 15th he had another attack, but much less severe. There had been no recurrence since. The appetite was improving; the bowels were regular, and the patient felt much better generally. Directed to continue the use of the medicine until the 21st, when the evening dose was to be omitted.

June 3d.—No chill since last report. Appetite said to be "enormous," "better than for three years." Patient says, "the medicine killed the ague in just two days." The pain in the bones ceased after the third day. It is worthy of remark that during the present attack, before applying for medical advice, the patient had taken quinine in large quantities, sometimes taking as much as twenty-four grains in a day, and in accordance with the directions previously received from the physician who formerly attended him, but without the least benefit.

Diagnosis of Electricity.

DR. ROCKWELL, in a pamphlet recently published on this subject, gives the following general principles of diagnosis:

1st. In paralysis of motion, the electro-muscular contractility is sometimes normal, occasionally increased, and very frequently diminished.

Increase of electro-muscular contractility is usually observed in diseases of the brain, attended with irritative lesion, in certain spasmodic and hysterical affections, and occasionally in locomotor ataxy.—Diminution of electro-muscular contractility is usually observed in severe diseases of the spinal cord, in rheumatic paralysis, lead-palsy, in well-marked progressive muscular atrophy, and in paralysis from pressure on a nerve in some part of its course.

2d. In certain central diseases, the electro-muscular contractility is at first normal or diminished, and afterward increases with the progress of the disease, until it becomes greater than normal.

The length of time that is necessary to illustrate these variations, depends on the nature of the disease. In chronic inflammations of the spinal cord, effusions in the brain, causing hemiplegia, these variations may run through many weeks and months. In cases of hemiplegia also, these different conditions of the electro-muscular contractility may run as it were in a circle: being sometimes normal, sometimes increased, and sometimes diminished. All

these changes correspond, of course, to certain changes in the pathological condition of the diseased brain. Just what this correspondence is in each case, cannot, in the present state of electrical pathological science, be well determined; but when these variations do occur, they prove that the paralysis is of central origin.

In cancer of the brain and similar extending affections, there is a remission of the muscular contractions during electrization. According to Benedikt, this is an evidence of pathological exhaustion. This has been observed in aphasia.

3d. The fact that certain forms of paralysis behave very differently under the Faradaic and the Galvanic current. Muscles over which a Faradaic current can have no influence, may contract easily under a mild Galvanic current. This important fact was first pointed out by Remak. Sometimes, as the paralyzed muscles recover, they regain their power of contracting under the Faradaic current, at the same time proportionally losing their contractility under the Galvanic. Several striking illustrations of this fact have fallen under our own observation. The Galvanic current produces muscular contractions chiefly through the nerve branches, the Faradaic through the muscular substance itself.

When, therefore, paralyzed muscles re-act to the Galvanic current and not to the Faradaic, we may suppose that the intra-muscular nerve fibres are more diseased than the nerve branches.

4th. The fact that in certain central diseases, particularly of the spinal cord, the effect of the electric current in the periphery is sensitively transmitted to the cord, and by reflex action may be communicated to the other half of the body and to the entire periphery.

This phenomenon never occurs in health. We have only observed it in organic diseases of the spinal cord.

Ovariectomy—with Remarks on Tapping Ovarian Cysts.

Dr. T. SPENCER WELLS publishes in the *Lancet* the result of a third series of one hundred cases of ovariectomy. We copy from the *New York Medical Journal*:

The author has arranged in a table all the cases in which he has completed the operation of ovariectomy, from the 200th case included in previous papers to the 300th. In other tables, he gives particulars of all his incomplete and exploratory operations. He finds that the mortality lessens as experience increases. Of the first 100 cases, 24 died, and 66 recovered. Of the second 100, 28 died, and 72 recovered. But of this third series of cases, only 23 died, and 77 recovered.

The author has endeavored to ascertain what influence tapping ovarian cysts may have upon the mortality of subsequent ovariectomy, and he has ar-

ranged in a table all his cases where tapping had never been done, and those in which it had been done from once to sixteen times. The general mortality of the 300 cases was 28.33 per cent. Nearly one-half of the patients, or 135, had never been tapped. In them the mortality was 27.40 per cent.—not one per cent. less than the average mortality. Rather more than one-fourth of the patients, or 78, had been tapped once. In them the mortality was 25.65 per cent. There were 19 who been tapped three times, and the mortality was 26.32. Of the 36 who were tapped twice, the mortality was exactly the same as that of the group of cases tapped from four to sixteen times—namely, 33.33 per cent.

The author is led by these facts, and by other considerations discussed in the paper, to the following conclusions:

1. That one or many tapplings do not considerably increase the mortality of ovariectomy.

2. That tapping may often be a useful prelude to ovariectomy, either by giving time for the general health to improve, or by lessening shock when the fluid is removed, a few days or hours before removing the more solid part of an ovarian tumor; and

3. That when the siphon-trocar is used in such a manner as to prevent escape of ovarian fluid into the peritoneal cavity, and of entrance of air into the cyst, the danger of tapping is very small.

Dr. West agreed with Mr. Wells as to tapping being of service, especially as a preliminary operation, which might satisfy the surgeon, the patient, and her friends. In most cases the patient cannot be said to die of the tapping. We are apt to be dazzled by the success of ovariectomy. He would not speak so, were it not necessary for him to, as it were, recant his former opinions. He could, therefore, with greater grace advocate the use of the minor operation. He would ask, if any one now used iodine after tapping?

Mr. Spencer Wells, in reply to Dr. West, said that he had lately conversed with M. Nelaton and M. Boinet, who had both large experience in the treatment of ovarian cysts by iodine injections, and he found that they had both arrived at the same conclusion as his own experience of seven cases would lead to. Of his own seven cases, only one patient was alive who had not since undergone ovariectomy. This one was still in tolerable comfort, nearly ten years after the injection; but a rather large cyst could still be felt. If a cyst was unilocular, with thin walls and limpid contents, then, after tapping and injecting iodine, a radical cure occasionally followed. But it was very doubtful whether iodine had much or anything to do with the cure, because tapping alone, without the use of iodine, in this form of cyst, was also occasionally completely successful. No more fluid was secreted, the cyst collapsed, its walls probably coalesced, and after a time no trace of it could be detected by the most careful

examination. When the contents of a cyst are viscid, iodine is quite useless. In such cysts, and in multilocular cysts generally, injections of iodine should be restricted to cases where, for some reason, ovariectomy cannot be performed; but where a cure may be hoped for after suppuration and drainage. Here washing out the cavity, once or twice a day, or oftener, with plenty of iodine in solution, becomes very useful; by deodorizing the offensive secretions, and probably, by preventing absorption of putrid fluid and blood-poisoning.

The general mortality of these cases was 28.33 per cent.—a result which is widely different from that of the Italian cases of the same kind, of which the mortality is 83.33 per cent. No doubt results deduced from so small a number of cases as Dr. PERUZZI records can never be relied on; but an examination of the death-rate of each successive hundred of Mr. Wells' cases shows that we may expect to find in the next Italian report an improvement in the results of ovariectomy; of his first hundred cases he lost 34, of his second 28, and of his third but 23.

Therapeutic Novelities.

Syrup of Iodide of Iron.—M. JEANNEL has observed that the addition of one five-thousandth part of tartaric acid, renders syrup of iodide of iron clear when it has decomposed, and at the same time notably diminishes its inky taste.

Granular Citrate of Magnesia.—This so-called compound really consists of soda and magnesia, combined with sulphuric, tartaric, and carbonic acids, and containing sugar with some citric acid, flavored with essence of lemon.—*Pharm. Journal*, Oct., 1868.

Chanteaud's Soluble Oxide of Iron (Sucre Ferrugineux).—This compound occurs in small cubical reddish-brown crystals, with a purely sweet taste, followed by a slight chalybeate flavor. Being desirous to ascertain if the iron were really combined with the sugar in a soluble form as asserted, Dr. W. G. SMITH, of Dublin, made a few experiments on a sample procured from M. Chanteaud's agent in London, with the following results: Not a trace of the iron is really in solution, but the peroxide is simply adherent to the surface of the crystals of sugar, for when it is digested in cold water and carefully filtered, the filtrate when acidified gives negative evidence with the tests for a ferric salt. The amount of iron present is extremely small, and as the result of two experiments he obtained 0.47 and 0.48 of peroxide of iron, respectively. Hence, to give a dose of this soluble peroxide of iron or saccharated oxide of iron, equivalent to 5 grs. of the ferri perox. hydr., the minimum dose in the British Pharmacopœia, we should have to order nearly 2½ oz (1,041 grs.)

Progress of the Cultivation of Cinchona.—Besides the localities of India where cinchona planta-

tions have flourished for some years past, nurseries of Peruvian bark trees have been established with success in by Jamacia Mr. Wilson and Mr. Thomson, and at the close of 1867, there were 25,000 healthy plants of the different species of cinchona in that island. In the Mauritius and the Azores, also, the results of cinchona cultivation are encouraging, and young plants have been raised with success in Chili while for the last four years, cinchona condaminea has been growing in the Experimental Garden of Agriculture at Washington

The Subcutaneous Injections of Morphia in Dyspepsia.

In the *Practitioner* of June, 1869, Dr. T. CLIFFORD ALLBUTT says:

I was first led to prescribe morphia hypodermically in dyspepsia, by observing the effects of its continued use in a lady whom I was treating by this method for rheumatic gout. To enter fully into her case would occupy a disproportionate part of my space. Suffice it to say, that she is a lady of extreme nervous susceptibility, and that her dyspepsia was something far more than the dyspepsia of disordered secretions. The mucous membrane was extremely irritable, the appetite uncertain, and the bowels very capricious; so that a little worry, or a little alarm, or a little over-exertion, would at once take away the appetite, bring on diarrhoea, or cause sickness. There was evidence, in fact, if I may use a somewhat inaccurate expression for brevity's sake, of extreme hyperæsthesia of the digestive mucous membrane. These symptoms were relieved, from time to time, by bismuth, steel, digestive pills, with minute doses of opium, and the like. But it was not until she began to use the hypodermic method for the rheumatism, that I discovered how happy an effect the morphia had upon her digestion. I began to find on the morning visit, that the morphia of the evening before, so far from coating the tongue and depressing the appetite, cleaned the tongue and made her quite hungry. The days of her best appetite and most regular stomach and bowels, were the days following the subcutaneous injection of a quarter of a grain of morphia. I was so struck with this, that I determined to use the syringe in many of those unhappy nervous dyspeptics who are the plague of a doctor's consulting-room, and the results have far exceeded my expectations, which, at first, were only moderate.

I will now try to show in what kind of dyspepsia I advise the subcutaneous use of morphia. In doing this I shall only cite cases as illustrations, and shall leave proof to my readers, who will have ample opportunities for trial. The incessant use of the unsatisfactory expression, "atonic dyspepsia" in our books, is an evidence of the strong general feeling we have that a large number of such cases depend less upon disordered organs, than upon organs

deficient in vigor. Very frequently, however, we find not a mere passive debility, but a state of instability, of irritability, or of erethism; whichever word may best convey any meaning. And it is not widely enough known that many cases of foul breath, thirst, and loaded tongue, depend rather upon this nervous condition than upon "sluggish liver," or "deranged secretions." It is in these cases that the hypodermic use of morphia is so strikingly successful. Such forms of dyspepsia we know often occur in "hysterical" women, and I may say, in passing, that the morphia syringe, carefully used—and used carefully in a moral as well as a medical sense—is by far the most potent means of remedy we have for "hysteria." Nothing so soon and so permanently relieves general irritabilities, instabilities, globus hystericus, capricious appetite, etc. I do not apologize for this digression, for in the dyspepsia of these cases the syringe is most useful.

Miss —, aged twenty-eight, had recently been disappointed in love. She had become moody, capricious, melancholic, and indolent. She refused her meals, and she lay mostly in bed. She suffered most painfully from globus, and frequently vomited her meals. She had begun to crave for and take alcoholic stimulants. When I saw her I found, in addition, a restless, conscious manner; muddy complexion; soft, easily-quickened pulse; coated tongue; uncertain bowels; tumid abdomen; cold extremities, and flushings of face and neck. She complained, of course, of the usual lassitude, sinkings, tremors, etc. Her temperature was normal in the evening, and the catamenia were but little wrong. She had been carefully treated for the various secretions, and had subsequently undergone careful and vigorous tonic treatment. I gave her an injection of a quarter of a grain of morphia the same evening. I scarcely dare describe what I believe to have been its effects, lest I should seem to emulate the virtues of Holloway's pills. I was amazed to see her walk, with her sister, into my consulting-room, the next morning, soon after breakfast, and declare that she was a new woman. From that time we used only the syringe (one-fourth of a grain every night), and she made a most satisfactory recovery—the tongue cleaning, the appetite returning, the pulse steady, and the *morals* improving. All desire for alcohol, and all tendency to globus and vomiting disappeared with the first injection, and did not return. I write about four months after her recovery. The injection was readily omitted when the health was restored, and no tendency to opium-eating appeared. Indeed, one night, when the injection could not be given, she took a pill containing a quarter of a grain of morphia, and expressed great discontent next day with its disagreeable effects, which were the same as in a healthy person unaccustomed to the drug.

My space is, I see, rapidly diminishing. So, without further remark, let me run on to another case of a kind which often baffles all treatment:

Mr. —, a merchant, having somewhat large dealings of an anxious kind, but not under any especial pressure, consulted me for dyspepsia. He said, "I fear you can do nothing for me; I have seen" So-and-so, and So-and-so (naming eminent London physicians), "and I know that I am a hopeless dyspeptic. Nothing does me good for any length of time." He was of a well-known type—sparse, fretful, keen, hasty, or absent in manner, dry skin, sallow face, pale, compressed lips, stooping gait, and quick-step. His tongue was too clean, and was red at the tip and edges. Pulse small and quick, usually ninety when at rest. Evening temperature normal. No suspicion of tubercle. His meals were a dread to him, instead of a hope, and bed at night was an actual terror. Here was a specimen of the true nervous dyspeptic; and I need not describe him more in detail. Knowing that every conceivable remedy had been tried, I put him at once upon the subcutaneous injection of morphia. He had about one-fifth of a grain about three P. M., followed by a rest in bed. This he had for ten days, and his improvement was as pleasing to me as to himself. His afternoon injection soon began to make him positively hungry for his evening dinner, and his nights became "quite balmy." I then gave a quarter of a grain every night for a week or ten days longer, and had the pleasure of seeing him cured as to his dyspepsia, and more light-hearted than he had been for years. The recovery is as yet too recent for me to judge of its permanency.

I must pass by the dyspeptic with the flabby indented tongue—for whom, indeed, my experience would not lead me to try the morphia until steel and strychnine had utterly failed—and I must conclude with the following case of acute gastric catarrh.

I was requested to meet my friend Mr. Atkinson in the case of Mrs. —, who was suffering from great disturbance of the stomach. We diagnosed 'acute gastric catarrh,' and I am pleased to find on consulting Dr. Wilson Fox's book, for the first time in reference to this case, as I now write, that our diagnosis is well borne out by his description of Acute indigestion and the 'embarras gastrique.' Mrs. — was a young married woman of about twenty-five. She had suffered from several causes of depression, one of them being flooding after labor. There was decided epigastric tenderness, some pain after food, and constant vomiting. The vomiting occurred always after food, however small the quantity, and often independently of food, when considerable quantities of mucus and water were ejected. The tongue was thickly furred, and the breath offensive; there was decided evening fever (Fahr. 100°-101.5°), with quick, weak pulse and

night sweats. She complained much of thirst, and would, if permitted, swallow quantities of cold water. There were head-ache, lassitude, and extreme debility. Sleep was absent, or was dreamy and unrefreshing. The urine was scanty and thick, the bowels constipated. Mr. Atkinson had tried every dietary, nutritive enema, and every kind of remedy (opium included), for several days without relief, and the symptoms became alarming. He gladly, therefore, agreed to try the morphia injection, and he was pleased with the result as I was. We injected a quarter of a grain in the evening with the effect of at once arresting the vomiting and procuring sleep. In this case the morphia injection had also the wonderful effect I have before mentioned, of creating appetite and cleaning the tongue. The next day she began to retain milk and lime-water, the vomiting became rarer, and rarer, and the ejected mucus far less copious. She had the injection repeated nightly for a week or ten days, and progressed, with few drawbacks, to convalescence.

I must now remember the limits which are necessarily imposed upon papers like the present, and must deprive myself of the pleasure of relating many more cases, and of discussing in full those which I have told. I regret this the less as I desire only to draw the attention of my readers to this useful method of treatment and to ask them to prove its worth for themselves. I believe, as my friend Mr. Teale often says, that we are only on the threshold of our knowledge of the virtues of morphia when injected under the skin.

Counter Irritation.

In the *Dublin Quarterly Journal* it is remarked that in a pamphlet recently published, Dr. James Ross very ingeniously endeavors to establish logically the theory that the real nature of the influence exerted by counter-irritants is that of a stimulant, and that the influence transmitted from an inflamed surface to a neighboring morbid texture is conveyed through the medium of the parenchyma, *i. e.*, from cell to cell, not only when the structures are continuous, but also when they are merely contiguous. We are reminded that a very extensive series of changes may be set in motion within the body by a cause which would be regarded as inappreciable if measured by any known standard of comparison, except the effects which it produces on the living body. Dr. Ross attempts to show that the various empirical laws or practical maxims which direct the practice of counter-irritation are in harmony with the conditions of his theory, as tested by the laws which ought to govern a scientific hypothesis. Though it cannot be said that Dr. Ross has unequivocally demonstrated his theory, or that his arguments are altogether free from objections, he deserves our thanks for his thoughtful attempt to work out a

therapeutical hypothesis by the received principles of logical investigation.

A plain and rational plea in defence of counter-irritation has been put forward by Dr. Painter, and he illustrates by a number of facts how an impression on one part of the body may influence beneficially a distant part, although there may be no *direct* vascular or nervous connexion, and without positively affirming how, in a given case, counter-irritation may be of service, points out several ways in which great good may be effected by such means. He draws especial attention to the possibility of the continuity of the morbid nutrition being interrupted by the impression or new action set up by the irritant, just as bad mental habit may be broken by a sudden necessity or shock.

But the practical utility of counter-irritation has quite recently found an able and energetic advocate in Dr. Risdon Bennett, and he adduces such a variety of instances, drawn both from nature's own operations and from therapeutic experience, many of which must be familiar to every "practical physician," as should convince the most sceptical of the value of counter-irritation despite our inability to give a plausible explanation of its mode of action in each case.

Defining counter-irritants as "agents which, by their irritant action, determine an increased attraction or flow of blood to one part of the body, and thus influence morbid action in some other part," he thereby excludes the consideration of such means as setons and issues as having a much more complex action.

Reviews and Book Notices.

NOTES ON BOOKS.

The venerable Dr. J. MAURAN of Providence, R. I., President of the Alumni Association of the College of Physicians and Surgeons of New York, delivered an address before the Association last March, on the Registration of vital statistics. It has since been published and deserves the consideration of statisticians. In 1863 Dr. Mauran also delivered an address before the same body entitled "Personal Reminiscences of 'Old New York' in 1817," full of interesting anecdotes of times of which there are few eye-witnesses left among us. Both his addresses will be read with interest.

DR. A. D. SINCLAIR has contributed to the publications of the Mass. Med. Soc. a case of myxoma or hyperplasia of the villi of the chorion, seemingly quite unprecedented in the excessive length of the villi. The article is also published separately, and is worth preserving (David Clapp & Son, Boston, Publishers).

"Good health, a journal of Physical and Mental Culture" is the title of a monthly, now at its fifth

number, published by Alexander Moore, Boston, Mass. It is as may be guessed from the title, semi-medical in tone, and we frankly say for it, that it does not contain quite the usual amount of twaddle which seems fated to characterize such journals. There are some few really good pieces in the different numbers, though we would like it better if the editor when taking such from another publication would give some slight credit. As an example of unmitigated twaddle is the article on "Pork" in the October number. It is an obsolete absurdity among cultivated physiologists to decry this meat. Swine's flesh is as pure, clear, and wholesome as that of chickens or oxen, when from a healthy animal, and we will aver that a well prepared dish of "sausage and scrapple" never yet injured a healthy eater.

Sleep and its Derangements. By William A. Hammond, M. D., Philadelphia. J. B. Lippincott & Co., 1866. 1 vol. 12 mo. cloth, Pp. 318. Price, \$1.75.

The pamphlet which, in 1865, DR. HAMMOND published on Wakefulness and Sleep, attracted, deservedly, considerable attention in this country and Europe. The subject was one of great interest to both professional and general readers, and it may be said that, up to that time, no comprehensive monograph had appeared upon it. The present volume is based upon that pamphlet, but it embraces a much wider range of vision. It treats in separate chapters of the necessity of sleep, the causes of sleep, its physical phenomena, the state of mind during sleep, of wakefulness, the exciting, causes of wakefulness the physiology of dreams, morbid dreams, somnambulism, its treatment, somnolence, and somnolentia or sleep—drunkenness. A large number of anecdotes and cases are given which serve to explain and illustrate the author's views. He still adheres to his theory broached in 1865, that the condition of sleep is one connected with diminished cerebral pressure, and in the appendix details several ingenious experiments, which, in his view, go to prove it.

The work is very neatly printed, on tinted paper, and will be found quite entertaining by both medical and non-medical readers.

A Handy-Book of Ophthalmic Surgery for the use of Practitioners. By John Z. Lawrence, F. R. C. S., assisted by Robert C. Moon. With numerous illustrations. Second edition, revised and enlarged. Philadelphia. H. C. Lea, 1860 1 vol., 8vo., pp. 227. Price, cloth \$—.

Mr. Lawrence in writing this work had in view the wants of the general practitioner rather than the specialist, and made it his object to divest ophthalmic science to as great an extent as possible of the difficulties—many of them artificial—with which it has been surrounded. In this undertaking he has been successful, and as a convenient manual for the physician who pretends to no uncommon knowledge of the diseases and surgery of the eye, this "Handy-

book" will be found worthy of its name. Snellen's first types have been added by the publisher, and there is much additional matter in this edition.

The Membrana Tympani in Health and Disease. Illustrated by 24 Chromo-lithographs. By DR. ADAM POLITZER, of the University of Vienna. Translated by A. MATHEWSON, M. D., and H. G. NEWTON, M. D. New York. WM. WOOD & Co., 61 Walker Street. 1869. 1 vol., 8 vo., pp. 183.

DR. POLITZER'S name is probably best known to American physicians in connection with his simple and ingenious method of inflating the middle ear. In Germany he has for many years occupied a high position, though hardly the highest, as an aurist. He has written for medical periodicals quite extensively, but we believe this is the first of his productions which has appeared in book form in this country. Such being the case we are not altogether satisfied with the pains taken by the translators in putting his words in an English dress. The sentences are frequently too Germanic and involved to be good English, and on what principle of grammar an author has a right to call himself "we" and "I" in the same paragraph we do not know. We fear the translation has been hasty and uncritical.

The material is excellent. Dr. P. has given great attention to the relation of the tympanum to aural affections, and the descriptions he gives of the membrane and the indications for treatment are original and valuable. Portions of the work have never been published, having been translated from manuscript. The chromo-lithographs have been well executed, and the typographical execution of the work deserves commendation. Aural surgeons will find it useful addition to their libraries.

Sources of Longevity; its Indications and Practical Applications. Parts I and II. New York, Wm. Wood & Co., 1869. 2nd edition.

This volume contains quite a diversity of contents, in fact it seems to be half a dozen separate publications stitched together. First comes "Biometry; a new Philosophy, answering the questions, 'Am I probably long or short lived? Can I myself know the indications?' an exposition of the laws of life or life-time, exhibited in family inheritance and personal indications of longevity," by T. S. LAMBERT, M. D., L. L. D. Then follow the two Prize-Essays on the Physical Indications of Longevity, by DR. J. C. SMITH, of Boston, and DR. JOHN H. GRISWOLD, of New York, which are excellent essays, and the backbone of the whole book. Next is added a brief application of the Exposition and Essays, which, the title page informs us, contains, "striking pictures of indications of impending incipient diseases," (!) from a paper by C. L. HUBBELL, M. D. After this remarkable effort comes "The Practical Relations of Biometry, a new Philosophy, to life insurance, explaining the necessity for the new method of equalizing premiums and insurances."

We presume the new volume will answer the purpose of making the American Popular Life Insurance Company favorably known, for which purpose the essays were written. What critical remarks we have to make on the "indications of longevity" we will reserve for some future article, as we have not the space to discuss them here.

Reports on the Diseases of Cattle in the United States, made to the Commissioner of Agriculture, with accompanying Documents. Washington. 1869. 1 vol., pp. 190.

The Hon. Horace Capron, our present Commissioner of Agriculture, has conferred a benefit on science and commercial, as well as agricultural interests, in publishing this interesting volume. It contains a report on the Lung Plague, by Prof. Gamgee, and others by the same writer on the ill effects of smutty corn on cattle, and on the splenic or periodic fever in cattle; remarks on the *typhus botis*, by Mr. Riley; a letter on the fungi of Texas, and a report on the fluids of diseased cattle, with reference to fungi, etc., by those expert microscopists, Drs. Billings and Curtis, U. S. A. A copper-plate and several wood cuts are inserted.

Faraday's Reply to the Brothers Davenport.

He replied to an invitation of the Messrs. Davenport: "I am obliged by your courteous invitation; but really I have been so disappointed by the manifestations to which my notice has at different times been called, that I am not encouraged to give any more attention to them, and therefore I leave those to which you refer in the hands of the professors oflegerdemain. If spirit communications, not utterly worthless, should happen to start into activity, I will leave the spirits to find out for themselves how they can move my attention. I am tired of them." A few weeks later he replied to another different invitation: "Whenever the spirits can counteract gravity or originate motion, or supply an action due to natural physical force, counteract any such action—whether they can pinch or prick me, or affect my sense of feeling or any other sense, or in any other way act on me without my waiting on them, or, working in the light, can show me a hand, either writing or not, or in any way make themselves visibly manifest to me—whenever these things are done, or anything which a conjuror cannot do better, or, rising to higher proofs, whenever the spirits describe their own nature, and, like honest spirits, say what they can do, or pretending, as their supporters do, that they can act on ordinary matter whenever they initiate action, and so make themselves manifest—whenever by such-like signs they come to me and ask my attention to them, I will give it. But until some of these things be done, I have no more time to spare for them or their believers, or for correspondence about them."

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, OCTOBER 23, 1869.

S. W. BUTLER, M. D., D. C. BRINTON, M. D., Editors.

Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

To insure publication, articles must be *practical*, *brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

TO SUBSCRIBERS.

The 21st volume of the *MEDICAL AND SURGICAL REPORTER* began on July 3rd. A large number of subscriptions are due from that date, and we look to a prompt response to the bills already sent out and being sent.—*Our bills always call for PAYMENT IN ADVANCE.*

We can still supply a few *complete sets or volumes* from the commencement, bound or unbound. *They should be applied for soon, as they will soon be exhausted.*

SENTENCE OF SURGEON GREEN, U. S. N.

It is announced that the sentence in the case of Surgeon Green, U. S. N., of the *Nipsic*, who was recently tried by court-martial for disobedience of orders, and on other charges, has been promulgated, and that Secretary ROBESON remits so much of the sentence as requires the proceedings and the sentence of reprimand to be read on all the vessels and at the navy yards, and merely suspends him from duty for two years.

This case has excited a wide spread interest both in and out of the navy, and while we are heartily glad to see the Secretary exercise such a judicious clemency, we can not but regret that there has been any occasion for him to do so. It seem to us that Dr. GREEN could not have acted otherwise than he did, without violating his conscience, and doing injustice to those whom he was appointed to protect.

If the findings of the court were, and no

doubt they were, in accordance with naval regulations, then it but shows with a stronger light than ever, how unjust these regulations are in their application to the medical staff.

OLD TRUTH REVIVED.

In the ever shifting sea of opinion the bark which bears the healing of the nations is forever tossed about; or, to speak less figuratively, with the varying views of physiology, pathology and medical philosophy, the department of therapeutics, the only part of medicine for which the general public cares a fig, has of late years lost its stable foundation. A fashionable and widely prevalent doctrine is that drugs are of little or of no service in the cure of disease, that venesection should be wholly dropped, that severe counter-irritation is "barbarous," that cathartics are absurd, and that our true stronghold is the "efforts of nature." Expectantism, and nihilism are the passwords of the hour. It is common to hear physicians say, "I do not believe much in drugs." The saying of that distinguished physician is quoted with approval, who is reported to have remarked in his old age: "I used to have twenty remedies for one disease, but now I have twenty diseases for one remedy."

Not less to be criticized are those who, with some theory of the rationale of therapeutics, or of the action of medicines, set to work to study out by *a priori* reasoning a system of practice, to which, as to some couch of Procrustes, they diligently stretch and fit all their experience. Pathology and physiology are to these the mentors of therapeutics. Theorizing with them obscures experience. The principles advocated by Bacon in scientific research, they willingly agree with in words, but deny in works.

Neither party allows much to specifics. Such a belief they confound with some obsolete doctrine of signatures, and do not hesitate to asperse the success of the old masters by either denying the accuracy of their observations, or claiming as a substantial fact some imaginary "change of type" in disease.

Fortunately, a strong but somewhat silent party is to be found, which holds that the only truly philosophical method of scientific investigation is that by direct experiment, "the empiric method," as philosophical historians call it, a name of honor, which, by one of those curious degradations of language, has almost become discreditable. The true empiric is the

observer who strictly pursues the inductive method, who stands aloof from one or other school, who watches the operations of nature with singleness of eye, who accepts reverently what she is willing to disclose, and fabricates no story of what she withholds. He has no system, no theory, no rationale, no faith, but only knowledge. When such a spirit pervades modern therapeutical research, we shall return to many practices now discarded, and hold in honor many methods now disused. We plainly see that this period is approaching, and before long we look to see a fuller faith in drugs, in specific medication, in venesection, and in powerful agents.

Notes and Comments.

THERAPEUTICAL BULLETIN.*

Compiled by Geo. H. NAPHETH, M. D.

No. 27.

This column will contain each week a collection of the Recipes, remarkable for their novelty and elegance, now in use by prominent practitioners, as recommended by them in recent lectures at College and Hospital Clinics, and at meetings of Medical Societies, in newly published monographs and systematic treatises, and in the current medical periodicals of this country and Europe. It will include formulae for hypodermic injections, for inhalations, for rectal and vaginal suppositories, for ointments, lotions, collyria, etc., etc.

This selection will be such that each prescription will commend itself, both by its intrinsic merits, and by the authority of the name of the physician by whom originated or employed. It is designed to give only the latest and best approved therapeutical expressions of the profession—to afford a periscope of the remedial measures resorted to by eminent living physicians.

It is proposed, hereafter, to classify these formulae, and issue them in book form.

Treatment of Functional Indigestion.

WILLIAM AITKEN, M. D., EDIN.

245. R. Sodæ bicarbonatis, gr. xv.
Potassæ nitratis, gr. iij. M.

For one powder, to be taken two or three times a day, in those forms of indigestion marked by excessive acidity and heartburn. At the same time free action from the liver and bowels must be sustained by occasional small doses of blue pill or podophyllin, combined with extract of colocynth and of henbane, while exercise and diet are duly attended to.

246. R. Ammonie carbonatis, gr. i.
Extracti gentiane, gr. ij. M.

For one pill, ter die in weakened digestion from over-fatigue.

247. R. Extracti nucis vomicæ,
Ferri sulphatis, aa. gr. ½.
Extracti colocynthidis
compositi, gr. iv.

*Entered according to Act of Congress, in the year 1869, by GEO. H. NAPHETH, M. D., in the Clerk's Office of the District Court for the Eastern District of Penn'a.

N. B.—This copyright is not intended to prevent medical journals publishing these articles, but only their being issued in book form.

This combination taken early in the morning generally induces gentle action of the bowels.

In prescribing the mineral acids, our author calls attention to the following general rule, stated by DR. BENCKE JONES, namely, that the influence of sulphuric acid is astringent while that of hydrochloric acid promotes digestion, and of nitric acid secretion.

THOMAS KING CHAMBERS, M. D., CONSULTING PHYSICIAN AND LECTURER ON THE PRACTICE OF MEDICINE AT ST. MARY'S HOSPITAL, LONDON.

248. R. Acidi hydrocyanici diluti, ℥.iv.
Infusi gentiane, f. 3ss.

For one dose, ter die, in heartburn due to oversensitiveness.

249. R. Zinci oxidi,
Pilulæ alces et myrrhæ, aa. 3jss.

Divide into xx pills; one ter die, in the nervous trembling, indigestion of food and vomiting arising from indulgence in spirit-drinking between meals, and in the forenoon.

J. M. DA COSTA, M. D.

250. R. Acidi nitro-muriatici, f. 3ij.
Vini pepsini, f. 3ij.

A teaspoonful three times a day, before or after each meal. In functional indigestion owing to want of proper secretion of gastric juice. When there is constipation add also

251. R. Pulveris rhei, ℥j.
Quiniæ sulphatis, gr. x. M.

Divide into x pills, one to be taken at night. If this be not sufficient to produce a laxative effect, take one night and morning. Meat diet almost exclusively, avoiding starchy substances.

THOMAS HAWKES TANNER, M. D., F. L. S., LONDON, ETC.

252. R. Acidi nitro-muriatici diluti, f. 3ij.
Acidi hydrocyanici diluti, ℥.xxv.
Tincturæ arnicæ, f. 3j.
Tinc. gentianæ composite, f. 3j.
Infusi sennæ, q. s. ad. f. 3ij. M.

A tablespoonful two or three times daily, in dyspepsia, with sluggish action of the liver. The efficacy of this prescription may often be increased by giving with each dose the following pill:

253. R. Zinci sulphatis, gr. j-ij.
Extracti gentiane, gr. iv.
254. R. Quiniæ sulphatis, gr. xij.
Pulveris ipecacuan-
hæ, gr. xij-xxiv.
Extracti gentiane, gr. xxiv. M.

Divide into xij. pills, and order one to be taken every day at dinner. An excellent remedy in cases of slow digestion.

255. R. Ferri redacti, gr. xxxvi-3j.
Pepsinæ, gr. xxxvj.
Zinci phosphatis, gr. xvij.
Glycerinæ, q. s.

Divide into xxiv. pills, silver them, and order two to be taken every day at dinner. In anæmia, etc., with weakness of the digestive organs.

The Practice of Medicine in Oregon.

A subscriber in Oregon writes as follows: In some respects this is a good country to practice medicine in. The prices are almost double those charged East, payable in coin, but no attention is paid to medical ethics; each one does what he considers right in his own eyes. There is a Medical School at Salem—the capital. The number in attendance is small, and the graduates few, and not very well qualified. The physicians and surgeons of the regular school, in the cities of Portland and Salem, are well qualified, and will compare favorably with those of any eastern city. They are generally graduates of English, New York and Philadelphia schools.

Carbolic Acid.

A short article on the employment of carbolic acid in surgery, published in the *Bulletin General de Therapeutique Medicale et Chirurgicale*, shows that authorities on the continent do not regard it with quite as much favor as some British and American surgeons do. Since, says our French contemporary with much justice, carbolic acid has become the fashion, it has been used, or rather abused, by attributing to it impossible properties; it obtains these marvellous properties, above all, in the hands of English surgeons, who are infatuated with it. Our French authority holds that in spite of the great powers attributed to it by Mr. Lister, the death-rate has been greater in Mr. Lister's hospital since its employment than it was some years ago before it was known; he maintains that the cases recorded of excision of the wrist, of fracture opening the ankle-joint, &c., cured without suppuration, are but exceptions such as every surgical method can claim; that such is the case to some extent seems clear from the following opinion of the merits of carbolic acid published by Dr. J. BELL:

"The cases I have reported are merely examples out of the many we have had, illustrating the same great practical fact, that the use of carbolic acid dressing as an antiseptic method, followed out with due care, and with the great precautions which are essential to success, is able in some cases practically to get rid of suppuration; in nearly every case greatly to diminish its quantity, and entirely to destroy its fetor."

The Weather and Eclipses.

There is a popular belief, says the *Scientific American*, that a season in which a solar eclipse occurs is either colder, or that the weather exhibits vagaries not observable in ordinary seasons. The present season has been in the vicinity of New York extremely cool, and more than an ordinary rainfall has taken place. This has not been universally the case, and must therefore be considered merely a local peculiarity of climate.

We have found that popular opinion very often has some basis in fact, although the cause may not be the one generally supposed to account for a given phenomenon. A good example of this is the discovery by Dr. Richardson, in his experiments with the great induction coil, at the London Polytechnic Institution, that arborescent marks may be produced on the bodies of persons struck by lightning, a fact which has been discredited by scientists. The popular opinion in regard to these marks has been that they were the images of trees photographed upon the skin by electrical agency.

Now, although the experiments of Dr. Richardson confirm the production of the marks, they show, that, instead of being images of trees or plants, they are the superficial tracings of blood vessels, which the electric current has followed on account of their greater conductivity.

So in the case of peculiar weather occurring at or near the period of a solar eclipse, we deem it probable that an examination may show the popular opinion to be correct, although the cause may have no immediate connection with the eclipse itself.

Cholagogues.

According to a recent report to the British Medical Association, experiments and observations seem "to show that pil. hydrarg., calomel, and corrosive sublimate, when given to dogs in either small, gradually augmented, or in large doses, do not increase the biliary secretion; they do not even influence it so long as neither purgation nor impairment of health are produced, but they diminish it as soon as they do either or both."

The results of observations made in reference to podophyllum and taraxacum are as follows:

1st. Doses of podophyllin (resin of podophyllum) varying from 2 to 8 grains when given to dogs diminished the solid constituents of the bile, whether they produced purgation or not.

2nd. Doses which produced purgation lessened both the fluid and solid constituents.

3rd. During an attack of dysentery both the fluid and solid constituents of the bile were greatly lowered.

4th. Doses of the solid extract of taraxacum, varying from 60 to 240 grains affected neither the biliary secretion, the bowels, nor the general health. It appears, also, that purgation, produced by a variety of causes, either spontaneous, dysenteric, or from mercury or podophyllum, diminishes both the fluid and solid constituents of the bile.

"Compendium of Modern Therapeutics."

This is the title of Dr. GEO. H. NAPHEYS' work, portions of which have appeared as the "Therapeutical Bulletin" in this journal. The large number of inquiries we have received for it from all parts of

the country, guarantee us a proportionate sale, and as our readers have seen parts of it, they know what they are ordering. The work is to be arranged on the nosological plan with complete indexes. It will be ready about December 1st, and we advise all who wish an early copy, to forward their names at once. It will contain over 300 pages, with about a thousand recent formulæ, mostly from living practitioners, and sell for \$2.25.

Dr. Livingstone.

So many announcements have been made of the undoubted safety of Dr. LIVINGSTONE, statements which have not yet been proven to be well founded, that we are backward about accepting anything more on the subject, until there is a better foundation. We will mention, however, with the hope that it may prove true, news have been received in London lately through a missionary arrived there from Zanzibar, who brings the welcome intelligence that Mr. Kirk had received a letter from Dr. LIVINGSTONE, dated February, 1868. The doctor was then on Lake Tanganyika. He was in good health, but short of provisions. It is further stated that he was seen about eighteen months ago by some native Africans who have come from the interior, and it is supposed that he will emerge on the western coast of Africa in the Congo country. Since the above was written more recent news has been received from Dr. Livingstone.

Treatment of Syccosis.

MR. STEWART employs successfully, in every case of syccosis, a simple solution of nitrate of potash. A saturated watery solution should be applied three or four times daily over the pustules and the whole diseased surface. If the pain caused by the application is too great, the strength of the solution is to be reduced until it can be tolerated. Another agent of ancient use but lately revived, is turpentine. We have used it with striking success in several cases recently.

Treatment of Epilepsy with Cold Water.

M. DECAISNE has communicated to the Academy of Sciences a memoir in which he relates the effects he has obtained in treating epilepsy with cold water. The success obtained by M. Fleury in adopting that mode of treatment in intermittent fever, has led M. Decaisne to give it a trial in epilepsy. The results are strikingly satisfactory, since M. Decaisne states that out of twelve cases four were completely cured, five were much ameliorated, and only three remained refractory.

Copaiba and Cubebs in Croup.

M. TRIDEAU, some time back, published some twenty-six cases of croup which he had treated successfully by these drugs. At the meeting of the

Societe de Therapeutique of Paris, Messrs. Burguon and Labrie found that by giving the oleo-resinous extract of cubebs in syrup, they had overcome the repugnance of children to this drug. In one case reported of its efficacy, the false membranes softened and disappeared in a very short time—*Med. Press and Circular*, Sept. 1, 1869.

Elephantiasis Arabum.

The treatment of this complaint by means of compression or deligation of the main vessels, is discussed by Dr. Fischer, in Virchow's *Archiv*. All the cases reported are collected and discussed as to etiology, treatment, and results. As deligation has in several cases proved disastrous, the author is inclined to think that compression will in general (at least *in limine*), be preferred.

Cutaneous Disease from Wheat.

In some parts of France, from the heavy rains of last year, the wheat was damaged. The persons employed to turn it over became affected with a very troublesome eruption, which, commencing with painful itching, ended in the course of three or four hours in redness and a miliary eruption, which disappeared in the course of three or four days. M. Rouyer noticed a great many small black moving points, of the same nature as those observed on the damaged wheat. Examined under the microscope, he found them to be acari.

Remarkable Operation—Extirpation of a Kidney.

At a meeting of the New York Medical Journal Association, Dr. H. KNAPP made a communication concerning a new triumph of surgery, namely, the *successful extirpation of a kidney* by Prof. G. SIMON, Heidelberg. The patient on whom the operation had been performed, early in August last, was a woman both of whose ovaries and part of the uterus had been excised previously by another surgeon, for ovarian dropsy. The wound had healed, but a *urinary fistula* had established in the cicatrix of the abdominal wall. By ingenious experiments, Prof. SIMON found out that it was not a piece of the bladder, but one of the ureters, and which of the both, that had been implicated in the cicatrix. The extirpation of the corresponding kidney was not easy, but affected without a serious accident. The patient experienced some fever during the two first weeks after the operation, but recovered entirely within six weeks. Dr. KNAPP said that he felt happy in being authorized to give the Society this preliminary notice according to a letter he had just received from Prof. SIMON himself. He thought this operation would interest the Society, not only as the newest, but also as one of the most remarkable surgical achievements.

Fashionable Medical Literature.

In a review of a recent work of fiction the *New York Nation* says:

By the way, what the doctors are telling us about the changes which are occurring in the types of disease at the present day, and the increasing prevalence of nervous and brain diseases, seems to have been seized upon by the novelists as affording some fresh material. This is the third novel of the season—the other two were foreign; the one German, the other English—in which we have found the gradual approach of paralysis and the notation of its symptoms to be rather effectively used. The hectic cheek and the hacking cough which used to heighten a heroine's beauty and deepen a reader's sympathy begin to give place in interest to a numbness in the cerebellar region, a stinging pain along the spine, and certain accompanying mental aberrations. The medical journals do the thing with a more scientific accuracy, no doubt, but they can seldom lay claim to much dramatic interest, and are not apt to concern themselves about scenic effects.

Praiseworthy Action.

Massachusetts has established a State Board of Health. Drs. Henry I. Bowditch and George Derby have been chosen chairman and secretary respectively, and from an address made by the former at the first meeting of the board we learn the specific duties imposed upon it. These are (we quote Dr. Bowditch): "To take cognizance of everything tending to public health," and, consequently, "to endeavor to eradicate everything tending to public disease and death;" secondly, "to diffuse among the people a knowledge of the means of obtaining individual and public health and preventing disease;" lastly, "to investigate the effects of the use of intoxicating liquors upon the industry, prosperity, happiness, health, and lives of the people," and to suggest legislation on any or all of the subjects submitted for enquiry to the board. Dr. Bowditch proposes for the diffusion of knowledge to use the lyceum, "the publication in a compact form and the wide circulation of the pith, so to speak, of our general knowledge on public hygiene," and by brief, business-like, unrheterical reports annually to the Legislature.

We hail this movement with applause, especially that portion of it which looks to the distribution of sound medical knowledge among the people. The obscurantists of our profession have had their way long enough, and done harm enough. It is now time that some one besides itinerant quacks should circulate knowledge on physiology and hygiene.

Six at a Birth.

We recently noticed in the *New York Tribune*, and other papers, a statement that a lady at Pre-emption, Illinois, had become the mother of six

children at one time. We wrote in amazement to one of our subscribers there, who asserts most positively that such was the fact, but adds the explanation, that the way it happened was that she married a widower with six children!

A Winter Resort.

Next month a handsome hotel, the "Royal Victoria," will be opened at Nassau, N. P., for the reception of invalids and tourists. For some cases the climate of the Bahamas is more eligible than that of Florida, and we are glad to learn that good accommodations are to be provided for visitors.

To Our Readers.

We have recently made arrangements with some of the most eminent medical authors in this city, New York and Boston, to write regularly for the *REPORTER*, and can promise our readers that they will have some of the best articles in any medical periodicals. We shall also be glad to receive medical news and facts of professional interests from all parts of the country, and hope that our readers will keep us well supplied with such information.

The Cholera.

Accounts continue of the great havoc cholera is making in Raipore, India. We learn from an exchange that no less than sixty-three deaths occurred lately in the town of Raipore. We have also news from Nursingpore, and the writer says that matters there too present a very gloomy aspect indeed. The people of that district are in a great state of alarm and excitement. Returns show that out of 220 cases 160 deaths took place, and among the fifty European railway employees five were attacked, and all succumbed to the disease.

Punctured Wound of Skull and Brain.

A case of death from puncture of the skull and brain is reported in the *British Medical Journal*.—A child was playing on the sofa with a table-knife (said to be a small one) in his hand. He fell off the sofa, and the knife entered between the right eye and the nose to the depth of about two inches. It stuck fast in, requiring some force to pull it out. The child was attended by Messrs. Horton and Tanner. No symptoms occurred till the next afternoon, when he became delirious, gradually sank, and died. A child was admitted not long ago into the London Hospital who had fallen on a garden rake. One of the spikes entered in the right parietal region, causing a punctured fracture. There was no symptoms of cerebral irritation till the third day, when convulsions suddenly come on, and the child died.

Peculiarities of the Retina of the Hedgehog.

MR. J. W. HULKE remarks that the distribution of the retinal blood vessels in this insectivore is most

remarkable, from the fact that only capillaries enter the retina.

In all other mammals except the hedgehog, as far as known, the arteries, veins, and capillaries enter into the retina. In fish, amphibia, reptiles, and birds, the retina is absolutely non-vascular, the absence of proper retinal blood-vessels being compensated for in fish, amphibia, and some reptiles by the vascular net which in these animals channels the hyaloid, and by the highly vascular pecten present in other reptiles and in birds. Thus, it is possible to divide vertebrates into two classes, according as their retina is vascular or not.

Ice in Affections of the Testicles.

DIDAY (*The Annales*) employs ice in some of the affections of the testicular apparatus: 1st, In orchitis, sometimes complicated by blennorrhagic epididymitis, he finds it serviceable; 2d, In testicular neuralgia; 3d, In certain states in which pain constitutes the predominant feature.

Poisoning by Arnica.

A case occurring in a woman of thirty-three years of age, is reported in *Schmidt's Jahrbucher*. She had drunk two glasses of infusion made from a large handful of the leaves. The symptoms of poisoning lasted seven days, and the patient was not quite well till the 12th. The prominent symptoms were violent vomiting, intense headache, choleric diarrhoea, with very severe gastro-intestinal colic, followed by collapse, cold extremities, and remarkable depression of the pulse. The treatment consisted principally of the use of extract of thebaine and of morphia.

Phenic Acid in Syphilis.

DR. MINTEFORTE (in the *Italian Journal of Venereal Diseases, &c.*) recommends the application to syphilitic ulcers of a solution of phenic acid in water, five parts to 100. Dr. FIDELI DE FIERI extols the deuto-phosphate of mercury, one grain a day continued for two months, in tertiary syphilis.

Camphor as a Preventive of Oxidation.

MR. GEORGE WELLBORN (*Journal of Applied Chemistry*) finds that a small lump of camphor placed in a bottle of recently crystallized protosulphate of iron preserves it from oxidation, the salt remaining as a transparent solution after it had been kept three months. If the odor of camphor acquired by the salt is objectionable, it may be exposed awhile before using, or it may be removed by alcoholic washing and dried.

On Liquid Sulphurous Anhydride.

M. SESTINI has published the following results as regards liquid "anhydrous sulphurous acid":—Three decigrammes of white phosphorus were placed in

contact with three centimetres of the acid; the phosphorus diminishes in volume, and the liquid becomes slightly yellow. The tube sealed was taken into the dark, but neither the liquid nor the phosphorus undissolved exhibited any luminosity. After some days on opening the tube the liquid was found to be phosphorescent, and on evaporation it gave a residue of yellowish white phosphorus. Iodine slowly dissolved, and produced a yellowish brown solution. Bromine also dissolves. Sulphur was almost insoluble. On adding nitric acid, a white crystalline mass is got, which resembles that found in the sulphuric acid chambers.

Whooping Cough.

In the treatment of whooping-cough, Dr. James P. McVicker, has derived the most signal advantage from the exhibition of the fluid extract of cimicifuga, in doses suited to the age of the child, and repeated every three hours; and the same gentleman has prescribed the bromide of potassium in the eclampsia of children with the most satisfactory results. *Trans. Pa. Med. Soc.*

Correspondence.

DOMESTIC.

Compound Comminuted Fracture of Elbow Joint.

EDS. MED. AND SURG. REPORTER:

On the night of the 21st of March, 1869, myself and partner (Dr. O. E. Deeds) were summoned in haste to see Mrs. Grogan, who had fallen down a long flight of stairs, producing a compound comminuted fracture of elbow-joint, besides receiving great bodily injury otherwise, especially in the chest.

The condyles were broken off the shaft, separated, and to more or less extent comminuted. The olecranon was also fractured and external communications by two apertures. The patient is over 60; of a feeble, scorbutic constitution; anemic and emaciated; has excoriations of lower extremities—the result of extensive varix. We dressed the arm (without much hope, if any, of saving it) with an anterior and posterior paste-board splint, leaving an aperture in the latter opposite the laceration of the soft parts, which was covered with two or three folds of soft muslin (nothing else being at hand) saturated with blood.

We put her on constitutional treatment and all went well, notwithstanding we had to bolster her up in bed, she not being able to take the decumbent position, in consequence of internal injuries, and in the fifth week we removed the splinters and discharged the patient, feeling we had accomplished a surgical success in saving the arm at all. Three or four days

afterwards, however, her husband informed us that she was suffering some pain in the joint, we directed him to have her keep her arm quiet and all would probably, be well by and by. In a day or two afterwards we were called to see her, found the arm much swollen and inflamed about the joint and anterior part of forearm, the patient more reduced than we anticipated—we were satisfied suppuration must follow and so applied our dressing accordingly, and in a manner, if possible, to have it point on the anterior surface, as far away from the former wound (of the soft parts) as possible, but before we saw it again it opened at the old wound and discharged (agreeable to the statement of the family), a gill or more of pus; and when we returned we found the swelling and inflammation much reduced of course, but our patient in none the less danger of sinking. We had the ultimatum—life or death. Saving the arm seemed hopeless, and life but little better. We had to decide between amputation and combatting the suppuration. Feeling that the former was useless, in consequence of the condition of the patient, and the latter would make no fresh wounds, we decided not to cut. In order to prevent the debilitating influence resulting from confinement to bed, we had a fixture attached to the arm of a rocking-chair, of such a height as would make it an easy resting place for the patient's arm when sitting. On this we placed a moderately wide, shallow box, containing a bran sack troughed lengthwise, in which we rested the arm in a pronated condition; that being the position necessary to the least motion without bandage or splints—both being out of the question. We put her on strongly supporting treatment; dressed the arm at first with linseed poultice, afterwards with simple dressing, and thus continued until the wound healed, when we discharged our patient with a stiff, yet symmetrical joint, hand protruded, and some contraction of flexor muscles of forearm, probably more or less permanent from plastic effusion, resulting from the high grade of inflammation prevailing among them interior to suppuration. Under the circumstances above named, is our case a success?

J. F. GHINES, M. D.

Napello, Iowa, Oct., 1889.

[We think it was.—EDS.]

Arm Presentations.

EDS. MED. AND SURG. REPORTER:

In a number of your REPORTER, a few months since, I noticed a report of a case of arm presentation, followed by an expulsion of the fetus without version. Since such results are very rarely met with, I give you a report of a case of a similar nature. About a year since I was called on to attend a woman in her second confinement—a German, 25 years of age, of medium size and of robust constitution—had been in labor twenty-four hours, in care of a midwife.

On examination I found the entire left arm protruding, the head resting in the right iliac cavity. The fetus had evidently been dead several hours. With the assistance of an anæsthetic I attempted cephalic version, but on the suspension of mechanical interference, the arm was re-presented. I found podalic version would require more force than I was willing to use. I then took an accurate measurement of the pelvis, and from its diameters determined to continue the use of the anæsthetic and await the expulsion of the fetus *per viam naturalem*, which was accomplished in about two hours in the following rotation: First the side, then the buttocks and lower extremities, and last the head. The fetus weighed nine and one-half pounds. With judicious treatment the mother recovered without an unfavorable symptom as a sequel.

J. F. HILLIARD, M. D.

Evansville, Ind.

NEWS AND MISCELLANY.

Necessity for Compulsory Registration of Birth

A remarkable case has occurred in the neighbourhood of Liverpool, showing the importance of making the registration of infants, whether stillborn or otherwise, compulsory. A woman was delivered by her mother of a child, which was taken to the sexton of a neighbouring parish and buried in a mustard-box for its coffin as a stillborn child. The sexton, acting upon the authority of a certificate purporting to be that of a midwife who had attended the woman, buried the corpse without consulting the clergyman belonging to the church. Some suspicion having been excited in the neighbourhood on account of the secrecy of the burial, inquiries were instituted by the police, the result being the exhumation of the body and the holding of a coroner's inquest upon it. It was elicited at the inquiry that the child had been born alive and had died from suffocation, that no midwife had attended, the certificate being forged, and that the mother of the parturient woman was a skilled nurse, and not ignorant of the measures that were necessary to be taken to preserve the child on its entrance into the world. The jury brought in a verdict that "the child died from suffocation, but how or by what means there was no evidence to show." After the inquest, Mary Harrison and her mother were taken into custody on suspicion of causing the death of the child and for obtaining its burial by means of a false certificate.

Congress of German Naturalists and Physicians, 1889.

Professors Rembold and von Barth, of Innsbruck, the managers of the forty-third congress, have issued the programme. It is to be held during the 18-24th

days of September. Only those who have written on natural history or Medical subjects can be members with votes; but all who are theoretically or practically engaged in any of the branches can be associates. All subscribers three thalers. The whole of natural and Medical science is embraced, seventeen sections having been formed. To some of these ladies are admitted, and musical entertainments take place on some of the evenings. Applications should be addressed post free to professor Rembold, Innsbruck.

Skin Diseases.

The following formula as an application in skin diseases, attended with little discharge, will be found satisfactory.

R.	Ferri pulv.,	3j.
	Cinchonæ rubræ pulv.,	3ss.
	Boracis pulv.,	3ij
	Ol. Morrhue,	q. s. for unguent.
	M.	

A combination which forms a coating as impervious to air as collodion, and which the writer has employed with happy results in several cases of Eczema, is prepared by adding 3ij. quiniæ sulph. to 3ss. aa. Tinct. Ferri. Chl. and Tinct. Cinchonæ—the parts to be painted with two or three coats.

J. E. G.

Lime-Water in the Treatment of Bright's Disease.

KUCHENMEISTER recommends in the treatment of Bright's disease and of nephritis after scarlatina the use of large doses of lime-water, theoretically from its having the property of desolving proteine. *Lyon Medicale* details the treatment, and says that caustic lime in solution, or any of the soluble salts of lime, will answer equally well. He has seen the urine increase from 30 grammes to 120 the first day, 180 the second, 300 the third, and up to 1,020 the seventh day under this influence; sometimes a slight hemorrhage necessitates the disuse of this treatment; but the quantity of albumen in the urine sensibly diminishes.

Extirpation of the Uterus for Complete Prolapse.

PROF. LANGENBECK, of Hanover, has recently performed the operation upon a woman forty-eight years of age, who has suffered from prolapse since the birth of her first child, eighteen years previous. She had borne nine children since then. The result was a good one. The patient removed the ligatures herself from the eighth to the tenth days. The operation was performed on the 15th of May; on the 29th she left her bed; and on the 31st she took her first walk in the open air.

Guyot's Concentrated Tar Solution.

DR. JEANNEL (*Journal de Pharmacie*), from an analysis of "Guyot's Concentrated Tar Solution,"

has deduced the following formula for its reproduction: bicarbonate of soda, 22 parts; tar (from wood), 25 parts; water, 1,000 parts. Macerate together for eight days, shaking the mixture several times each day.

This preparation, diluted with sixty or eighty times its volume of water, forms a clear tar-water for internal administration; in a less diluted condition it is also employed as a lotion.

Dynamite.

This new explosive compound of nitro-glycerine is said, on authority of the *Journal de Pharmacie et de Chimie*, to consist of a mixture of twenty parts of porous earth, with seventy-five of nitro-glycerine. This mixture is stated to have an explosive force equal to that of the same bulk of nitro-glycerine, and not to be subject to the extraordinary dangers appertaining to the latter substance.

The Parisian Medico-Legal Society.

In recently concluding its session, this Society appointed certain of its members to investigate, during the vacation, the following questions: Poisoning by croton-oil; the application of photography, drawing, and various processes of mensuration, to legal medicine; the resistance of newly born children to asphyxia; and tattooing. Messrs. Devergie, Mayet, Mialhe, Raynal, and Roucher, were appointed to investigate experimentally all questions relating to poisoning by phosphorus.

Congress of Hungarian Naturalists and Physicians.

A Hungarian Medico-scientific Congress was held on September 5th, at Fiume, under the presidency of Baron Vecsey, who opened the proceedings with an address. Among the readers of papers were, Dr. Domini, on various climatic, meteorological, and sanitary questions, with special reference to ships; Dr. A. Bodogh, on the Darwinian hypothesis; Dr. T. Balogh, on the influence of nature on people; etc.

Accidental Poisoning by Corrosive Sublimate.

A mother and three children have been poisoned in London. They had partaken of a pudding which the mother had made, as she thought, of flour; but she had taken a packet from a shelf containing a white powder. They were all very soon seized with burning pains. A dog which drank of the water in which the pudding was boiled, writhed on the floor and soon died. The children, aged eleven and eight, are in a very dangerous condition. The powder was found to contain corrosive sublimate. It had been obtained by the husband, who is a dog fancier, and who used it for skin-diseases in dogs.

—Dr. Theodore R. Varick has been appointed Surgeon-General of New Jersey, ranking as Brigadier-General.

—FRAU HENRIETTA HIRSCHFELDT has, by permission of the Russian Government, commenced practice as a dentist (for women and children) in Berlin. Frau Hirschfeldt studied dentistry at the Dental College of this city, and passed, it is said, a brilliant examination.

—PROFESSOR SALVATORE TOMMASI has been elected Rector of the University of Naples.

[Notices inserted in this column gratis, and are solicited from all parts of the country; Obituary Notices and Resolutions of Societies at ten cents per line, ten words to a line.]

MARRIED.

CHANDLER—CRITCHLOW. Sept. 15th, by Rev. B. C. Critchlow, assisted by Rev. Jas. M. Shields, Dr. Harrison J. Chandler, of Rochester, Pa., and Miss Mary Ada, daughter of the officiating clergyman.

KELLOGG—BOWEN. At Christ Church, Cambridge, Mass., Oct. 11th, by the Rt. Rev. F. D. Huntington, D. D., assisted by the Rev. Dr. Hoppin, E. M. Kellogg, M. D., of New York and Fannie A., daughter of the late Charles Bowen.

KRATZ—CASH. In this city, on the 12th inst., by the Rev. Phillips Brooks, Doctor Otto Kratz, of New Orleans, and Rebecca M. Robertson, daughter of A. D. Cash.

LINES—KLAPP. October 12th, at St. Andrew's Church, by the Rev. Wilbur F. Paddock, D. D., Theodore T. Lines and Addie M., daughter of Dr. Joseph Klapp, all of this city.

LAWSON—CRUIKSHANK. At the residence of the bride's father, Dr. E. D. Cruikshank, October 7th, 1869, by Rev. Wm. A. Snively, Mr. Clement E. Laws, of Richmond, Ind., and Miss Florence Cruikshank, of Green township, Ohio.

LEWIS—LEMOYNE. In this city, on the 5th inst., at Trinity Church, by the Rev. John Scarborough, Miss Lutie O. Lewis, daughter of the late A. Kirk Lewis, and Frank LeMoyné, M. D.

MATTISON—GRIMSTEAD. In Brooklyn, Oct. 6, by the Rev. Samuel Hanson Cox, D. D., Janson B. Mattison, M. D., of Chester, N. J., and Mary Butler, youngest daughter of the late Henry Grimstead, of Brooklyn, N. Y.

ROCKWELL—PIPER. In Sturgis, Mich., Sept. 10, 1869, by the Rev. Isaac Ayres, Geo. F. Rockwell, M. D., of Ontario, Ind., and Miss Ellen E. Piper, of Okemos, Mich.

TREMAIN—EVANS. On September 26th, by the Rev. N. A. Rankin, Dr. D. C. Tremain, of Spring Hill, and Miss Elizabeth Evans, of Miami county, Kansas.

DIED.

NEWELL. In Rochester, N. H., Sept. 29th, of Consumption, Mrs. Jennie S., wife of Dr. A. C. Newell, of Farmington, aged 19 years.]

QUERIES AND REPLIES.

The "Hair Worm."

Dr. T. B. C., West Va.—The specimen [you send] is a nematoid entozoon, though frequently found in the latter part of the summer and fall in streams and pools of water where it deposits its eggs. In the language of Science it is the *Helminthus Gordii*, *Seta Equina*, belonging to the genus *Gordius*. It is vulgarly supposed to be a transformed horse-hair. The name *Seta Equina* comes of this popular error. DUNGLISON says it is common in the intestines of Laplanders, causing the *Colica Lapponica*, in which the gripings are at times exceedingly severe. But LEIDY in his "*Flora and Fauna within Living Animals*," published by the Smithsonian Institution, does not include it in his list of *Entozoa Hominis*, though he gives a very graphic description of its habits, including its entozoic life in the body of the grasshopper.

At the time of Dr. LEIDY's observations—Nov. 1852—no one had been able to trace the animal to its origin! Dr. LEIDY says:

The female deposits in the water, in which it is found, millions of eggs connected together in long cords. In the course of three weeks, the embryos escape from the eggs, of a totally different form and construction from the parents. Their body is only the 1-450th of an inch long, and consists of two portions; the posterior cylindrical, slightly dilated and rounded at the free extremity, where it is furnished with two short spines; and the anterior broader, cylindrical, and annulated, having the mouth furnished with two circles of protractile tentacles and a club-shaped proboscis. No one has yet been able to determine what becomes of the embryo in its normal cyclical course. Those which I have observed, always died a few days after escaping from the egg.

When bodies of grasshoppers, containing these entozoa, are broken and lain upon moist earth, the worms gradually creep out and pass below its surface. Some specimens which crawled out of the bodies of grasshoppers, and penetrated into earth contained in a bowl, last August, have undergone no change, and are alive at the present time (November, 1852.)

In the natural condition, when the grasshoppers die, the worms creep from the body and enter the earth; for, suspecting the fact, I spent an hour looking over a meadow for dead grasshoppers, and, having discovered five, beneath two of them, several inches below the surface, I found the *Gordii* which had escaped from the corpses.

Some of the worms put in water lived for about four weeks, and then died from the growth of *Achlya proliferans*. What is their cyclical development?

The facts presented in this note serve well to show the difficulties in ascertaining the developmental history of entozoa.

Hair Dyes.

Dr. R. S. D., of Pa.—You ask if there is any safe hair dye. There is. The aqueous extract of the black walnut is safe and effective. It must be applied carefully, as it stains the skin. The ordinary dye of the barbers is a solution of nitrate of silver, used with a mordant, as no doubt you know. This we believe to be harmless and effective, as it is recommended by Reigel and other authorities, and we have known a very great number of persons who applied it without untoward effects. For a hair tonic, after bringing the scalp into a perfectly healthy condition, use a strong decoction of cinchona, with the addition of glycerine, fresh tincture of cantharides, and spirits of rosemary.

Question in Obstetrics.

Dr. I. D. H., of N. Y.—Inquires whether air is ever introduced into the venous system through the uterine incisions to the destruction of life. Will some of our readers, posted in obstetrics, please reply?

Dr. J. A. J. C., of Cal.—We have read your description of the case, but are unable from it to form any nearer guess of its nature than cerebro-spinal meningitis. We are, however, far from positive in this view.

METEOROLOGY.

OCT.	4.	5.	6.	7.	8.	9.	10.
Wind.....	W.	W.	N.W.	N.W.	N.	S.E.	E.
Weather. {	Cl'dy	Clear	Clear	Clear	Clear	Clear	Cl'dy
Depth Rain	2-10						1 1-10
Thermom....							
Minimum...	60°	51°	48°	41°	43°	44°	51°
At 8, A. M.	65	57	52	53	54	54	62
At 12, M.	68	62	59	63	66	68	64
At 3, P. M.	67	62	60	62	67	71	63
Mean.....	65.	58.	54.75	54.50	57.50	59.25	60.
Barometer..							
At 12, M....	29.6	29.9	30.1	30.1	30.1	30.1	30.
Germantown, Pa.				B. J. LEEDOM.			